

The member and officers' signatures are required for this form to be processed
Please complete this form legibly

100 3/15



KNIGHTS OF COLUMBUS
1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	NEW/RECEIVING COUNCIL NUMBER _____	COUNCIL LOCATION (CITY, ST/PROV) _____	MEMBERSHIP NUMBER _____	DATE READ _____	DATE ELECTED _____	1ST. DEG. DATE _____
2	TRANSACTION <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REACTIVATION (inactive insurance)		<input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION _____ reason _____		MO _____ DAY _____ YR _____ PROVIDE SURVIVOR INFORMATION BELOW <input type="checkbox"/> DEATH _____ NEXT OF KIN _____ RELATIONSHIP _____ TELEPHONE # _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____	
3	LAST NAME _____ FIRST NAME _____		MIDDLE INITIAL _____ TITLE _____			
STREET _____			CITY _____	ST/PROV _____	POSTAL CODE _____	COUNTRY (OUTSIDE US) _____
MO _____ DATE OF BIRTH DAY _____ YR _____		MARITAL STATUS _____	HOME PHONE _____		BUSINESS PHONE _____ CELL PHONE _____	
E-MAIL ADDRESS _____				OCCUPATION/EMPLOYER _____		LAST FOUR DIGITS OF TAX ID (e.g., SSN, SIN) XXXXX-
*ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARISH NAME, LOCATION (CITY, ST/PROV) _____		FORMER COLUMBIAN SQUIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INITIATION DATES	1. FIRST _____	2. SECOND _____
DATE OF TERMINATION _____		REASON _____		NUMBER OF LAST COUNCIL _____	COUNCIL LOCATION (CITY, ST/PROV) _____	
5	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER _____ PROPOSER'S MEMBER NUMBER (required) _____			I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE CHARTER, CONSTITUTION AND LAWS OF THE KNIGHTS OF COLUMBUS AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AGREE THAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL IN ALL MATTERS. I AGREE THAT THE KNIGHTS OF COLUMBUS MAY VERIFY THE INFORMATION PROVIDED. X _____ SIGNATURE OF APPLICANT		
X		X				
DATE _____		FINANCIAL SECRETARY _____		SIGNATURES _____		GRAND KNIGHT _____

* SEE DEFINITION ON REVERSE/DOES NOT APPLY TO PRIESTS AND RELIGIOUS

A copy of this form should be sent to the council agent for his records

SUPREME OFFICE COPY

A Knight of Columbus is a Practical Catholic Man

Membership in the Knights of Columbus is open to men 18 years of age or older who are practical (that is; practicing) Catholics in union with the Holy See. This means that an applicant or member accepts the teaching authority of the Catholic Church on matters of faith and morals, aspires to live in accord with the precepts of the Catholic Church, and is in good standing in the Catholic Church.

Reasons to Join the Knights of Columbus

- Join a band of brothers, a network of men in communities around the world dedicated to corporal works of mercy in the service of God and our neighbor.
- Share in the sense of pride all Knights feel in knowing that their Order is second to none in support of our Holy Father, our bishops and priests; in working for our fellow man, and especially those most in need.
- Support your Parish by putting your Catholic faith into action.
- Be a part of the New Evangelization.
- Reach out to meet community needs through programs of charity and service and deepen your faith through volunteerism.
- Give back to your community by putting your principles and ideals into action.
- Work with people who have similar beliefs, values, and interests.
- Uphold Catholic teaching by defending marriage, families and building a culture of life.
- Build and strengthen Catholic fellowship among families.
- Provide for the financial security of our members and their families through our Fraternal Benefits program.

Important Details Regarding Proper Completion of a Membership Document

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- Forward only after the member has received his degree;
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membership@kofc.org
membershiprecords@kofc.org

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A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

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3	LAST NAME _____ FIRST NAME _____		MIDDLE INITIAL _____ TITLE _____					
STREET _____			CITY _____	ST/PROV _____	POSTAL CODE _____	COUNTRY (OUTSIDE US) _____		
MO _____ DATE OF BIRTH DAY _____ YR _____		MARITAL STATUS _____	HOME PHONE _____		BUSINESS PHONE _____ CELL PHONE _____			
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4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INITIATION DATES	1. FIRST _____	2. SECOND _____	3. THIRD _____	4. FOURTH _____
DATE OF TERMINATION _____		REASON _____		NUMBER OF LAST COUNCIL _____	COUNCIL LOCATION (CITY, ST/PROV) _____			
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X			X					
DATE _____			FINANCIAL SECRETARY _____		SIGNATURES _____ GRAND KNIGHT _____			

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GENERAL AGENT COPY

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